



TELEPHONE PRIVACY COMPLAINT FORM

Office of the Indiana Attorney General

To assist our investigation, please complete both sides of this form as thoroughly as possible.

Mail your completed form to:

Attn: Telephone Privacy

Government Center South, 5th floor

302 West Washington Street

Indianapolis, IN 46204-2770

*Indicates information we MUST have to investigate your complaint.

YOUR INFORMATION (Check box when applicable)							
*Name Mr. Mrs. Miss Ms. Dr.					E-mail Address		
*Mailing Address				*City		*State	*Zip
Age	18-24	25-34	35-44	45-54	55-64	65+	
Daytime Phone ()				Evening Phone ()			
Do you consent to the Consumer Protection Division disclosing to the public the following:							
1. The nature and status of your complaint and name of the firm					Yes	No	
2. Your name					Yes	No	
3. Your telephone number					Yes	No	

TELEPHONE SOLICITOR INFORMATION (Check box when applicable)			
*Name of Firm		Phone Number	
*Date of Call		*Time of Call a.m. or p.m.	
*Product or Service Offered		Name of Caller	
		Mailing Address	
		City	State Zip

ABOUT THE CALL (Check box when applicable)		
*Residential telephone number the solicitor called: ()		
Is this telephone number on Indiana's Telephone Privacy list?	Yes	No
Was the call a recorded message?	Yes	No
Did you keep the solicitor's phone number or message on your Caller ID or other service?	Yes	No
Are you willing to testify in court regarding this complaint?	Yes	No
Do you consent to our obtaining your telephone records from your telephone company?	Yes	No
Was this call a fax?	Yes	No

STATUTORY EXEMPTIONS (Check box when applicable)

If you answer “yes” to any of the following, Indiana law may not allow us to take enforcement action.

Did you ask to be contacted by the caller?	Yes	No
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Was the call related to an existing debt or contract for which payment or performance had not been completed at the time of the call?	Yes	No
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Was the telephone call made on behalf of a charitable organization?	Yes	No
If “yes,” did the caller say he/she was: a volunteer of the charity? an employee of the charity? working for a telemarketing firm? don't know?		

Was the telephone call made by a real estate broker?	Yes	No
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Was the telephone call made by an insurance agent soliciting the sale of an insurance product?	Yes	No
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Was the telephone call soliciting the sale of a newspaper subscription?	Yes	No
If “yes,” did the caller say he/she was: a volunteer? an employee of the newspaper? working for a telemarketing firm? don't know?		

CONSENT AND CERTIFICATION

I certify that the information in this complaint is true and accurate to the best of my knowledge. I consent to the release of any information to the Consumer Protection Division relating to this complaint. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Your Signature

Date

ADDITIONAL COMMENTS

Rev. 03-07

